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APPLICANTS

Karl Freudelsperger, Hart bei Graz, AUSTRIA;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

AUSTRIA A 429/2004 03/11/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		AUSTRIA	3	30	3

ADDRESS

WORKMAN NYDEGGER
 60 EAST SOUTH TEMPLE
 1000 EAGLE GATE TOWER
 SALT LAKE CITY, UT 84111
 UNITED STATES

TITLE

Automatic tablet filling method and system

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